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B14564.3 DB

# Declaration, Power Of Attorney and Petition

Page 1 of 3

WE (I) the undersigned inventor(s), hereby declare(s) that :

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**INSTRUMENTED TUBULAR DEVICE FOR TRANSPORTING A PRESSURIZED FLUID**

the specification of which

- ☐ is attached hereto.
- ☐ was filed on  
as Application Serial No.  
and amended on
- ☒ was filed as PCT international application  
Number PCT/FR2004/050736  
on December 20, 2004  
and was amended under PCT Article 19  
on

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application (s)

Application No.	Country	Day/month/Year	Priority Claimed	
03 51168	FRANCE	22.12.2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

We (I) hereby claim the benefit under Title 35, United States Code, § 119 (e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

We (I) hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in these prior United States application(s) in the manner provided by 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

Application Serial No.

Filing Date

Status (pending, patented,  
abandoned)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

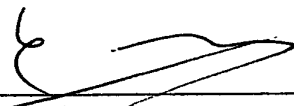
I hereby appoint practitioners associated with **Customer Number: 46,188** as attorneys of record with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. If this application is assigned by me I agree and understand that the above-named attorneys will represent the assignee and not me.

Please send all correspondence and direct all telephone calls to:  
**Customer Number 46,188**

We (I) undersigned declare that all statements made herein of my(our) own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and such wilful false statements may jeopardize the validity of the application or any patent issuing therefrom.

MAGNE Sylvain

\_\_\_\_\_  
NAME OF FIRST SOLE INVENTOR

  
\_\_\_\_\_  
Signature of Inventor

May 19, 2006

Date

Residence : 10 rue Jean Pierre  
Limbourg 92320 Châtillon  
FRANCE

Citizen of : FRANCE

Post Office Address : The same as residence

FERDINAND Pierre

NAME OF SECOND INVENTOR

Signature of Inventor

May 19, 2006  
Date

DANIEL Pierre-Jean

NAME OF THIRD INVENTOR

Signature of Inventor

May 19, 2006  
Date

NAME OF FOURTH INVENTOR

Signature of Inventor

Date

NAME OF FIFTH INVENTOR

Signature of Inventor

Date

Residence : 96 rue des moines  
de la residence  
78800 Moulins FRANCE

Citizen of : FRANCE

Post Office Address : The same as residence

Residence : 17, Rue de Paris  
91570 Bièvres FRANCE

Citizen of : FRENCH

Post Office Address : The same as residence

Residence : \_\_\_\_\_

Citizen of : \_\_\_\_\_

Post Office Address : The same as residence

Residence : \_\_\_\_\_

Citizen of : \_\_\_\_\_

Post Office Address : The same as residence

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Serial/Patent No.: <u>unassigned</u>	Filing/Issue Date: <u>Herewith</u>
Applicant: <u>MAGNE, Sylvain et al.</u>	
Title: <u>INSTRUMENTED TUBULAR DEVICE FOR TRANSPORTING A PRESSURIZED FLUID</u>	
TRP Docket No.: <u>034299-000703</u>	Atty/Secty Initials: <u>REK/lh</u>
Date Mailed: <u>6/22/06</u>	Docket Due Date: <u>6/22/06</u>
The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:	
<input type="checkbox"/> Amendment/Response (____ pgs.)	<input type="checkbox"/> IDS & PTO 1449 (____ pgs.)
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> ____ Pieces of Prior Art Enclosed
<input checked="" type="checkbox"/> Application - Utility (41 pgs. with cover & abstract)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input checked="" type="checkbox"/> Submission of Formal Drawings:
<input type="checkbox"/> Application - Rule 1.53(b) Division (____ pgs.)	4 # of sheets includes 12 figures
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application - Rule 1.53(d) CPA (____ pgs.)	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Application - PCT (____ pgs.)	<input checked="" type="checkbox"/> Preliminary Amendment (3 pgs.)
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input type="checkbox"/> Reply Brief (____ pgs.)
<input checked="" type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Req and Cert. Not to Publish - Rule 1.213
<input type="checkbox"/> Certificate of Correction	<input type="checkbox"/> Request for Continued Examination (RCE) (____ pgs.)
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Request for Extension of Time ____ Month(s)
<input checked="" type="checkbox"/> Declaration & POA (3 pgs.)	<input type="checkbox"/> Response to Notice to File Missing Parts
<input type="checkbox"/> Fee Transmittal	<input type="checkbox"/> Copy of PTO Notice to File Missing Parts
<input type="checkbox"/> Drawings (informal):	<input checked="" type="checkbox"/> Transmittal Letter (original & copy)
____ # of sheets includes ____ figures	<input checked="" type="checkbox"/> Express Mail No.: <u>EV310 856 651US</u>
<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Credit Card Payment <u>\$1,000.00 and \$40.00</u>
(2) Credit Card Payment Forms; Requete PCT; WO 2005/064300;	
PCT/ISA/220 (English and French); PCT/ISA/220; PCT/ISA/210;	
PCT/ISA/237; PCT/IB/308; PCT/IPEA/408; PCT/IPEA/416;	
PCT/IPEA/409	
Patent Code: <u>1011, 1111, 1311, 1615, 8021</u>	
Client/Matter # <u>34299 - 703</u>	